FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004348 (6)

TOMAC CONSTRUCTION, INC.

FILED Apr 02 1998 8:00am Secretary of State

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Data stand Dinner	-1 Durings		BA-Nino Calabara					I IBERIND IIIO PAKE ANIN AERIY ODIA DONA EDI	100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	
Principal Place of Business Mailing Address										
175 CORPORA SUITE C	ITE CENTER DRIVE			e center drive						
STOCKBRIDGE GA 30281			SUITE C STOCKBRIDGE GA 30281				DO NOT WRITE IN THIS SPACE			
							Ì	3. Date Incorporated or Qualified		
								08/23/1996		
2. Principal Pla	ace of Business		2a. Mailing Addi	ess				4. FEI Number	Ar	oplied For
1			26					58-2220866	No	ot Applicable
Suite, Apt. 6	f, etc.		Suite, Apt. #	etc				5. Certificate of Status Desired		Additional
2			27					o. Certificate of Status Desired	Fee Re	equired
City & State		ļ.	City & State					6. Election Campaign Financing	\$5.00	May Be
3			28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution	Added	to Fees
Zip	Cou	 	Zip ¬	ļ <u>-</u>	untry			8. This corporation owes or has paid the		
[4]						Personal Property Tax due June 30. Yes 🔀 No				
		Iress of Current Re	gistered Agent		-	A)		10. Name and Address of New Registe	red Agent	
	DONALD, WILLIAM				81	Name	12/	wan L. Mason	MI	
	5 SOUTH HWY A				62	Street		s (P.O. Box Humber is Not Acceptable)	,	
MEL	BOURNE BEACH	FL 32951					741	B ISEBCH KID	GE /R	N/L
					83					
					84	City			85 Zio.	Code
					1	7.			FL 👸 📆	2312
11. Pursuant to	o the provisions of Se	octions 607.0502 an	id 607 1508, Flori	da Statutes, the a	above ad ba	-named	corpor	ation submits this statement for the purpon's board of directors. I hereby accept the	se of changing it	ts registered
agent. I ar	n familiar with, and a	ccept the obligation	s of, Section 607	0505, Florida Sta	atutes	ine con	poration	is board of directors. Thereby accept the	appointment as	registered
SIGNATURE .										
	Signature typed or printed n					nt signature	required	when reinstating) DA		
12.	DOAT	OFFICERS AND DI	RECTORS D	13.			lba. - €	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PCST				TITLE		M/D	WHID, WILLIAM L.	Change	☐ Addition
NAME	****		· = ·				7/15	P BEECH RIDGE TRAIL		
STREET ADDRESS				1.3 STREET ADDRESS		1				
CITY-ST-ZIP	MCDONOUGH (3A 3U253	I I I		CITY-S	T-ZIP		LAHASSEE, FL 32312		Addition
TITLE			וט 🕰		TITLE		VP,S	IFL MALL	Change	Addition
NAME	MCMILLAN, TEF				NAME		Conn	F SEEZH RIDGE TRAIL		
STREET ADDRESS	707 LEXINGTON	AVE		2.3 :	STREET	ADDRESS				
CITY-ST-ZIP	JONESBORD G	A 30236			CITY-S	T-ZIP	丁九	LAHASSEE FL 32312		
TITLE		-	☐ Di		TITLE				☐ Change	☐ Addition
NAME				3.21	NAME					
STREET ADDRESS				3.3	STREET	ADDRESS				
CITY-ST-ZIP					CITY-S	ST-ZIP				
TITLE			□ D	LETE 4.1	TITLE				☐ Change	☐ Addition
NAME				4. 2	NAME					
STREET ADDRESS				4.3	STREET	ADDRESS	1			
CITY-ST-ZIP				4.4	CITY-S	T-ZIP	<u> </u>			
TITLE			Di	LETE 5.1	TITLE				☐ Change	☐ Addition
NAME				5.21	NAME					
STREET ADDRESS				5.3	STREET	ADDRESS				
CITY-ST-ZIP				5.4 (CITY-S	T- ZIP				
TITLE			□ DI		TITLE				☐ Change	Addition

14. Thereby certify that the information substited with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 totanged, of in an altachment with an address

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REPRIES MCMILLAN 1115/28 7755077900

;R2E034 (10/97)